

The Endocrinologist

THE NEWSLETTER OF THE SOCIETY FOR ENDOCRINOLOGY • ISSUE 83

SPRING 2007

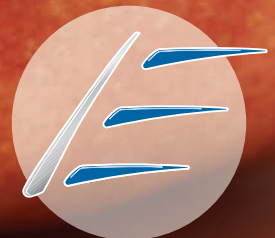
When famine becomes feast: the rise of obesity

PLUS

Pituitary
patients'
needs

New grants
and prizes

Contraceptive
misgivings:
was Dodds right?





► Welcome, dear reader, to the latest issue of *The Endocrinologist*. As I write, the first signs of spring are stirring, and the daffodils in my window box are just coming into flower. Time to think about shedding all those extra kilos put on by eating excessive amounts of comfort food during the dark days of winter. It is a good time then to read Steve Bloom's thoughts on the origins of obesity and how endocrinologists have the answers to all the world's ills, in his feature on page 9.

If you ever wondered what the External Relations team do for the Society, there are two articles in this issue that give us a window into their world. The official view by Jo Thurston and Tom Parkhill is on page 6. They clearly do an excellent job of presenting our Society, and the subject of endocrinology more generally, to the outside world. However, the truth is revealed on page 12, where Tom takes us on a wonderful guided tour of the endocrine aspects of popular music. I forgot to tell Tom about my son Ben's current favourite song. It's by 'Weird' Al Yankovich and is called 'Pancreas'. This song features the unforgettable lines 'I wouldn't leave home without my pancreas' and 'Insulin, glucagon, come from the Islets of Langerhans'. I wouldn't argue with either of those statements. Truly, it is a treat not to be missed. You can find it on YouTube - go on, play it loud.

As a true Gooner (Arsenal supporter, to the uninitiated), I have always struggled with the *nom de plume* 'Hotspur', which naturally invokes unpleasant thoughts of our North London rivals. However, I have no reservations at all about his writings, which are always good value. I am delighted to welcome him back to this issue of *The Endocrinologist*. Do turn to page 13 for his latest musings on retirement and people who fondle chicken thighs. It's just what I needed to take my mind off Arsenal's latest performances.

The Society celebrated its Diamond Jubilee last year and, as part of the celebrations, held a dinner in London. It was a superb evening and gave us a chance to reflect on the changes that have taken place over the past 60 years. Gavin Vinson was in excellent form, and manages to appear in at least three of the pictures of the event on the back page. His piece 'out of the archives' appears on page 11, in which he reflects on an article by Sir Charles Dodds, published in *Journal of Endocrinology* 46 years ago, in the days when Dale Medallists were invited to produce a paper from their lecture notes.

I would like to close by thanking the Programme Organising Committee for another excellent Society BES meeting in Birmingham. Pictures from the event will appear in the next issue of *The Endocrinologist*.

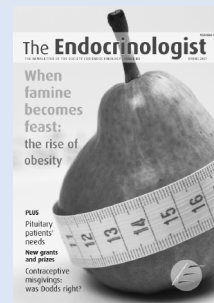
JOY HINSON

B R I T I S H
THYROID
FOUNDATION

Calling all nurses interested in thyroid disorders!
Evelyn Ashley Smith Award 2007

The BTF is offering an award of £500 to enable a nurse with a specialist interest in thyroid disorders to provide improved care to thyroid patients. Applications are invited from nurses within the UK and Eire. The award will be offered to (a) support training needs including conference attendance, (b) support a specific project lasting 1 year, (c) reward a piece of work already completed, but not yet published. Applicants must demonstrate that the supported activity will enhance the care of patients with thyroid disorders. Application forms are available from www.btf-thyroid.org or BTF Endocrine Nurse Award, PO Box 97, Clifford, Wetherby LS23 6XD, UK. This award was made possible by the late Evelyn Ashley Smith, for many years a BTF member.

THE CLOSING DATE FOR THEIR RECEIPT IS 1 JULY 2007



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2007 Advertising Rates

Advertise your event in *The Endocrinologist!*
Members: Mono - Half page £110
Mono - Full page £170
Others: Mono - Half page £325
Mono - Full page £500
Colour - Full page £1300

Deadline for news items for the Summer
2007 issue: 13 April 2007. Please send
contributions to the above address.

New grants and prizes

Small project grants - up to £10 000

(apply by 27 May, 27 October or 27 January each year)

Sponsored poster sessions - up to £3000

(apply by 27 May, 27 October or 27 January each year)

Sponsored seminars - up to £3000

(apply by 27 May, 27 October or 27 January each year)

Undergraduate Essay Prize

(application deadline: 23 March)

Lab visit and Clinical department visit grants - up to £2000

(ad hoc applications accepted year-round)

See the strategy update on page 7 and www.endocrinology.org/grants/ for further details and application forms.

Support for Mauritius

► We are pleased to be able to support Flaq Hospital, Mauritius, by offering Dr D Choonee 3 years' membership of the Society.

Dr Choonee, who is based at the hospital, is a well respected physician who manages a variety of cases. These include short stature, MEN type 1, CAH with 21-hydroxylase deficiency, Graves' disease, and around 100 cases of other thyroid pathologies. We welcome Dr Choonee to the Society. If you could offer him any assistance, please contact julie.cragg@endocrinology.org.

SOCIETY CALENDAR

4-6 September 2007

Endocrine Nurse Training Course
University of Glasgow

5-7 November 2007

Clinical Update
Royal Victoria & Albert Hotel, Manchester

7-10 April 2008

**Society for Endocrinology
BES 2008 Meeting**
Harrogate International Conference Centre

Prize winners

► The last November meeting saw many more prizes available to Young Endocrinologists. The two highest-scoring oral communications received £200, with the prizes going to L Matthews and P Sommer (joint winners, basic science) and to L Nardo (clinical). The two overall highest-scoring posters also each received £200; the recipients were G Russell and T Baskerville, each of whom had a poster in the neuroendocrinology category.

The highest-scoring posters in each category received £100, and these winners were M Knight (bone), M Debono, M Jayapaul (each for clinical cases), A Soloman (cytokines), F Lolli (steroids), N James (diabetes), P Hanson, V Moyes (each for pituitary), J Lau (tumours), J Gopalappa, S Razvi (each for thyroid), G Appleby and A Horne (each for reproduction).

Congratulations

We congratulate Dr Richard Dyer, Chief Executive of the Biosciences Federation and an Honorary Member of the Society, who was awarded an OBE in the New Year's Honours list.

Diamond Jubilee dinner

► As part of the Diamond Jubilee celebrations, the end of last year saw a celebratory dinner, organised by the Society to thank those members who have voluntarily devoted substantial amounts of their time and expertise to ensure the Society's standing.

Guests included past and present Officers and Editors of the Society's journals, as well as members of the current Council. It proved to be a very enjoyable evening and the dinner was deemed a great success. You can see some photographs of the event on the back cover. The Society is grateful to the Clinical Endocrinology Trust for their ongoing support of UK endocrinology by supporting the Society's Diamond Jubilee celebrations.

New Editor-in-Chief

► We are delighted to announce that Professor Anna Spada will become the next Editor-in-Chief of *Journal of Molecular Endocrinology*. Professor Spada is at the Institute of Endocrine Science, University of Milan. She will take over from the current Editor-in-Chief, Professor Evan Simpson, when his term of office finishes at the end of 2007.

MEMBERS ON THE MOVE...

S A Beshyah to Diabetes and Endocrine Division, Sheikh Khalifa Medical City, Abu Dhabi; S Howell to King's College, London; S MacKenzie to BHF Cardiovascular Research Centre, Glasgow; A McNeilly to Ninewells Hospital and Medical School, Dundee; T Olateju to Southampton General Hospital; L Watts to Pennine Acute Hospitals NHS Trust, Manchester; P Yeoh to Centre for Endocrinology and Diabetes, The London Clinic, London.

Committee News

The latest from each of the Society's committees

Council of Management

Council met in early January to progress the new initiatives resulting from the strategic review. Look out for emails promoting some of these as they come into effect.

In addition, Council approved:

- ▷ renaming of the Asia and Oceania Medal to the International Medal
- ▷ formalisation of the Clinical Excellence Awards panel, which considers applications for the Clinical Excellence Awards scheme in England, Scotland and Wales
- ▷ revision of Byelaws to reflect the current committee and meeting structures
- ▷ offering free registration to Honorary and Senior Members at Society BES meetings
- ▷ incorporation of the Marjorie Robinson endowment funds into the Small Grant Programme
- ▷ the revised Society document/project endorsement policy
- ▷ the appointment of Dr Robert Abayasekara and Dr Rob Fowkes as joint Programme Co-ordinators for the Society BES 2008 meeting
- ▷ the revised remits for the Clinical and Science Committees, to bring them up to date with current practice.

Clinical

The committee's efforts are currently concentrated on future clinical strategies, such as attracting and retaining trainees into the discipline. It is also progressing the academic programme for the forthcoming Clinical Update series. Two new elected members, Dr Will Drake

and Dr Tara Kearney, and two new SpR representatives, Dr Karin Bradley and Dr Helena Gleeson, have been welcomed to the committee.

Finance

The committee met in December to receive presentations from prospective investment managers. The candidates all presented strong cases for using their services, but the committee unanimously preferred Rathbone Investment Management, and this recommendation was subsequently approved by Council.

Programme

The scientific programme for the Society BES 2007 meeting was finalised in early December, following submission of the abstracts. Planning for the 2008 meeting programme began at the committee's February meeting.

Science

The committee is currently establishing its future direction, and is discussing issues such as education, lobbying and public engagement. It has recently forged strong links with the Biosciences Federation, and committee members have participated in a number of Biosciences Federation task groups, including responding to proposed changes in the RAE system and the peer review of grant applications.

Young Endocrinologists

The steering group has been discussing initiatives to bring young scientists into greater contact with more established members at the Society's conferences. Plans are also underway for the Young Endocrinologists' sessions at the annual meetings.

[SEE THE STRATEGY UPDATE ON PAGE 7.](#)

Jamsters soften the blow...

▶ When John Wass asked me to say a few words on behalf of the Society for Endocrinology at a fund-raising concert I was happy to oblige. But as the event drew closer, my initial enthusiasm was tinged with regret. This 'prior engagement' had managed to clash with the FA cup third round fixture between Liverpool (my hometown team) and our bogey team Arsenal!

So I arrived at Lindley Methodist Hall in Huddersfield with a heavy heart: we were already losing 2-1. However, the warm welcome from Jenny Dixon, who had organised the concert, helped me to put aside my deepening mood. I said my few words to the audience, and relaxed into my seat to enjoy the proceedings.

The Jamsters are a woodwind, brass and percussion ensemble who had come together for the first time that morning. Aply conducted by Laura Hancock (a fellow scouser) they took us through a varied programme including Walter S Hartley's Suite for an Unaccompanied Tuba (a new experience for me), and a medley of Beatles songs (Norwegian Wood, Here There and Everywhere, and Ticket to Ride to name a few), which provided a particularly enjoyable culmination to the first half of the event.

With the interval and a cup of tea, harsh reality dawned: 3-1, Thierry Henry in the dying minutes. The concert recommenced - what a blessed relief.

Further delights including a flute solo with Robert Ward playing the theme from Schindler's List, Colonel Bogey on Parade, and a medley from Les Misérables. The disappointment from Anfield was now a distant memory. I won a brass band CD in the raffle and wended my way back to Leeds with the sounds of the trumpet, trombone and flugel horn bellowing out from my car stereo.

The concert will be available on CD (all proceeds to the Society for Endocrinology).

STEVE ORME

There's growing investment.



Committed to bringing innovative solutions to growth related diseases.

Society spreads the word

► Who on earth are endocrinologists and why should we be interested in them? Put rather bluntly perhaps, but answering these questions is no mean feat, and is a challenge met by staff in the Society's Bristol office every day. Presenting the Society's face to the outside world is the role of the External Relations team. As well as promoting the Society's work, we are charged with raising the profile of the science of

endocrinology in general.

There are two of us in the team, Jo Thurston and Tom Parkhill. We work with the Society's other departments in a wide range of communications activities. Daily calls and emails from members of the public and the media mainly require us to put people in touch with specialists who can advise on endocrine matters for news articles and TV programmes, and to

provide details of patient support groups for people seeking medical advice.

Proactively publicising work that appears in the Society's journals or conferences to the press is an important part of our work. The media always like to have a peg on which to hang a story, so it helps if the work has just been published, just been presented, or coincides with something else. The headlines in the photo above were generated in part by members' work at ECE 2006 and also following a press briefing on the contraceptive pill, which was held in January 2006 to celebrate the 50th anniversary of the first trials. We held the briefing at the Science Media Centre, with whom we have good relations.

Aside from informing the public, we aim to keep Society members up to date with the latest news and developments in endocrinology. This can include endocrinology in the news, government regulations, research opportunities, job openings and endocrine events taking place around the world. We send regular email alerts to members highlighting specific areas of interest, including the Special Interest Groups, and compile monthly email alerts which are sent to all members and external subscribers.

We have a vital role in liaising with external organisations and patient support groups. In 2006, the Society, together with the Clinical Endocrinology Trust, awarded almost £12 000 in grants to patient support groups. To ensure the Society's ongoing involvement with the public, we have attended and run public events and open days. We are planning two public lectures for the first part of 2007, and are looking at participating in national and local science events, such as science festivals.

We have just established a team of four or five academics to advise on technical and practical matters. In

addition, we are always looking for individuals who would be willing to make themselves available for press comment, to give talks, etc. We will be looking at offering media training in 2007, but if you are called by the media and just want some advice, we would be happy to talk things over.



For anyone working with the press, being overtaken by events is a regular hazard. In endocrinology, perhaps the best recent example was waking up on bright July morning in 2002 and hearing the bad news about HRT from the Women's Health Initiative. That's an extreme example, but nevertheless it shows how events can overtake you. We are very happy to hear of anything important that you know might be coming up, or if you just want to point out that a particular visiting speaker has a good tale to tell. We are also open to any suggestions about how we can communicate news better to members. The Society is set up to facilitate communication, so get in touch if you want to talk anything over with us.

Contact us on 01454 642230 or email jo.thurston@endocrinology.org

JO THURSTON, SENIOR EXTERNAL RELATIONS ASSISTANT
TOM PARKHILL, EXTERNAL RELATIONS MANAGER/
BUSINESS DEVELOPMENT MANAGER

Heartfelt thanks

The Society is always pleased to help you attend endocrine conferences worldwide and to publish your research in the Society's journals. It is particularly rewarding whenever we receive a letter like the one below from a recipient of one of our grants. Remember that applications for conference travel grants should be submitted by 15 April, 15 August and 15 December each year (see www.endocrinology.org/grants/ for details).

► The Council of the Society for Endocrinology and the Clinical Endocrinology Trust were extremely generous in providing me with financial aid to attend the 197th Meeting of the Society for Endocrinology in London. Your generosity enabled me to present work which would otherwise have been very difficult financially. The meeting was very productive and interesting both scientifically and socially. I thoroughly enjoyed the well-integrated clinical and basic science presented at the meeting, and interacting with other scientists. It is clear that the Society works very hard to extend many opportunities to encourage and further young endocrinologists in the advancement of their careers. Other scientific societies could learn a great deal from yours. Thank you very much for this lovely opportunity! I look forward to attending future Society BES meetings and submitting my work for publication in your high quality journals.

JODI L. DOWNS, OREGON NATIONAL PRIMATE RESEARCH CENTER



STRATEGY UPDATE - GRANTS AND PRIZES

► As you can see from the advert on page 3, we have revised the grants and prizes available to members.

The new small grants programme supports endocrinologists in a number of ways. Up to £10 000 might enable you, for example, to gain preliminary data before applying for other external funding, to acquire a specific piece of equipment, or to finalise a project. This grant incorporates monies from the Society's Marjorie Robinson endowment fund. The first deadline will be 27 May 2007.

Clinical department visit grants will enable Young Endocrinologists (under 35 or less than 6 years post-MD/PhD/MRCP) to visit clinical departments outside their rotation, to see endocrinology practised in a different setting. Similarly, lab visit grants will assist Young Endocrinologists who wish to visit labs to learn a technique or to carry out experiments essential to their project. Ad hoc applications are expected throughout the year for these grants of up to £2000.

Institutions wishing to host endocrine seminars, with the intention of raising awareness of endocrinology as a discipline and to attract scientists, clinicians and nurses into the specialty are now able to apply for up to £3000 to hold a sponsored seminar. Alternatively, institutions who would like to host local poster sessions aimed specifically at supporting young researchers and/or clinical trainees may apply for up to £3000 to stage a sponsored poster session. There are three application deadlines each year: 27 May, 27 October, 27 January.

For further information, please see the enclosed leaflet and posters. If you require further copies, please email grants@endocrinology.org

Pituitary Foundation membership for endocrinologists and endocrine clinics

The Pituitary Foundation would like to encourage as many clinical endocrinologists as possible to join the Foundation as individual members. It costs only £15 per year and will ensure you get the newsletter and the right to vote for new trustees.

In addition, clinic membership at £500 per year will provide your clinic with unlimited leaflets, posters and other informational materials, as well as 25 copies of the newsletter and of all new leaflets, thus ensuring you are informed of new opportunities to support your patients. Contact the Foundation on 0845 450 0376 or see www.pituitary.org.uk for more details.

Working for endocrine scientists

► **Basic science is vital to endocrinology. An important part of the Society's work is to promote and support science within the Society, and to act as a voice for the Society's basic scientists in the wider world. For the last 7 years, these have been the main objectives of your Science Committee.**

One of our most influential tasks is to suggest topics for sessions at Society and international meetings. 'Setting the endocrine agenda' makes for highly animated committee meetings. Ideas for symposia flow thick and fast before we select our final recommendations. It's down to Rob Fowkes, our current Programme Convenor, to convey our chosen topics to the relevant Programme Organising Committee (POC). It's these proposals, combined with suggestions from the Clinical Committee and elsewhere, that enable the POC to generate stimulating and well-balanced programmes, time after time.

We have been looking at the best way of using the Society's funds to benefit endocrine scientists, as part of the Society's recent strategic review. This process started at the 2005 BES meeting in Harrogate, and, in collaboration with the Clinical Committee and Council, our ideas have culminated in several new initiatives. These include the grants that are advertised elsewhere in this newsletter.

We are increasingly involved with the Biosciences Federation (BSF). This is an exciting opportunity that will enable us to raise the profile of basic endocrine science. Dr Richard Dyer, the BSF's new Chief Executive, has initiated a new strategy that makes the Federation even more influential, with ad hoc task groups considering and reporting on consultations initiated by government and other bodies. Members of the Society's Science Committee have already been closely involved with some of these task groups. You can see details of BSF responses to consultations at www.bsf.ac.uk. The BSF have also agreed to set up task groups to consider and report on areas of concern to our members. Let me know if you have any concerns relating to the basic science community that you feel should be addressed at the level of the BSF.

The Society's Science Committee is one of the most dynamic and enthusiastic groups that I have ever been associated with. You too could be part of it! Nominations for new committee members are sought via this newsletter each year. And if you want to raise any matter relating to basic science within the Society, contact us at rachel.evans@endocrinology.org.

BARRY BROWN, SCIENCE COMMITTEE CHAIR



Spotlight on the...

Thyroid Eye Disease Charitable Trust

► **Thyroid eye disease (TED) is a disfiguring condition, often associated with an overactive thyroid (Graves' disease). It is an autoimmune condition that causes enlargement of the fat behind the eye, resulting in protruding eyes, double vision, swelling around the eyes and occasionally loss of vision. TED affects more than 10% of people with Graves' disease, with 5% of Graves' patients exhibiting a severe form (around 10 000 people in the UK). It alters people's appearance and expression, with profound effects on their social interactions. Management is complex and requires the combined input of endocrinologists and ophthalmologists from three different ophthalmological subspecialties.**

Because it is rarely sight-threatening, healthcare professionals often underestimate the severe distress caused by the disfiguring changes and double vision. In addition, diagnosis is often delayed in euthyroid patients or in the absence of prominent eyes. The Thyroid Eye Disease Charitable Trust (TEDct) is a national charity established to provide information and support to TED patients.

We provide emotional support to TED sufferers and increase understanding of the psychological impact of TED amongst patients and healthcare professionals. TEDct currently has over 500 members in the UK, who support the organisation through membership subscriptions (£10 per year) and generous donations. These are vital in funding the many forms of support we offer our members. We have no staff and all our activities are undertaken voluntarily by committee members (a mixture of medical specialists and people who have had TED themselves).

As severe TED is relatively rare, many patients do not know anyone else with the condition, and have a great need to talk to others who have experienced it. For over 10 years, we have maintained a national helpline (0844-8008133) and a network of volunteers who are willing to support fellow sufferers. We also offer an email advice service (ted@tedct.co.uk). Our national helpline and email support are provided by two experienced members who have TED and have attended education days on the disease. They are closely supported by three medical committee members who are continuously available by phone or email for specialist advice. Our more informal network of regional helplines puts people in touch with other patients in their locality. Regional co-ordinators keep in close contact with our national advisors. They have less formal training, but their main role is to provide support rather than medical advice.

Our quarterly newsletters include the experiences of people with TED and treatment updates from medical professionals. Endocrinologists and ophthalmologists respond to members' queries in the question and answer section. Newsletters are available in print or electronically to members and medical professionals. TEDct also produces a range of information leaflets and posters, a welcome pack for new members, and over 30 question and answer sheets on different aspects of the disease. Our web site (www.tedct.co.uk) makes core information available to members and non-members, and includes information on how to join.

We hold twice-yearly meetings around the UK that specifically focus on members' needs. They feature talks by local specialists in TED and patients with first-hand experience of the disease, and members can meet one another and mingle with the committee. The use of local speakers promotes closer patient-healthcare professional liaison in each specialist centre. This also supports our aim of promoting treatment in specialist centres with extensive experience of this complex condition, and close liaison between ophthalmologists and endocrinologists.

National organisations have invited us to comment on treatment guidelines for TED, and we have given talks at medical meetings. Although TEDct has limited funds to support research, we are keen to promote research and understanding as well as to raise standards of treatment. We also aim to be present at national medical meetings for eye and thyroid specialists, helping to promote the patients' perspective; however, costs mean we cannot do this as often as we would like.

If you or your patients would like further information, please contact Thyroid Eye Disease Charitable Trust, PO Box 2594, Calne SN11 8WR, UK (Tel: 0844-8008133; Email: ted@tedct.co.uk; Web: www.tedct.co.uk).

TED_{ct}

Imaging in Endocrinology

A joint meeting with the Royal College of Radiologists

24 MAY 2007, THE ROYAL SOCIETY, LONDON

The Society for Endocrinology and the Royal College of Radiologists are pleased to announce a joint meeting which aims:

- To understand the appropriate means of imaging in pancreatic neuroendocrine tumours, their strengths and their shortfalls
- To understand the surgical perspective on pancreatic neuroendocrine tumours
- To understand recent advances in management of hyperparathyroid surgery and the imaging required
- To provide an update on the diagnosis of hyperparathyroidism
- To understand the endocrine and imaging investigation of adrenal incidentalomas
- To provide an update on the investigation and management of thyroid nodules

Please see programme book included with this mailing for further details.

RCP CPD approved (6 credits, activity code = 35281)

Professor Bloom contemplates his belly

► As I contemplated the reason for my advancing abdominal 'corporation' over the mince pies of the Christmas vacation, and looked forward to a good film on a Christmas DVD I'd been given, the reasons for our nation's obesity were only too apparent. Too much delicious and only too accessible food, and absolutely no necessity for any sustained heavy exercise.

Why are people surprised by our epidemic of obesity? We are a race who has lived through endless famines. Malthus proposed that the population would always expand until it ran out of food. The only people to survive grabbed food whenever they could, and avoided unnecessary energy-wasting exercise by any means possible. Greed and laziness are now built in to our core nature, but the famines have stopped. A society of luxurious food and idleness has arrived. It is very odd we aren't fatter still!

Obesity doesn't have to be bad. For example, walruses have to have a lot of adipose tissue to survive the cold and without it they die. However, for man, excess fat seems to do terrible things, considerably increasing our cancer rates, being outstandingly the greatest cause of diabetes, increasing blood pressure and heart disease, etc. It is now the single greatest limiting factor to our life expectation. In the UK alone, it is calculated to cause 1000 premature deaths a week, every week. Further, obesity rates are accelerating, especially amongst children, so the problem is only going to get a lot worse. Being significantly overweight has unpleasant social consequences too.

We want action. Stop the obesity pandemic now! But how? No one really knows. We've been giving advice to take more exercise and eat less food for hundreds of years and for hundreds of years we've been gradually getting

fatter. Throughout the world, doctors and governments are worried but haven't come up with anything successful.

I've suggested that a good famine would help but the authorities seem deaf to the idea.

Little things, such as better food labelling and more cycle lanes, haven't been shown scientifically to make any difference and are probably virtually useless. But they look sensible, are harmless and give an impression of action. Other suggestions include introducing a punitive food fat tax, totally banning central heating, quadrupling congestion charging and making it nationwide, paying the transport workers less so they are always on strike, and bringing in official mockery of those who, like myself, have round middles (weighing school children is in this category).

Maybe, just maybe, endocrinology has the answer. Find the hormones that diminish appetite (some from fat, such as leptin, some from the gut, such as

oxyntomodulin) and take steps to increase them. After all, we are just a very complicated piece of machinery. We all do feel full at some point, so an excellent

appetite control mechanism does exist. It's just set for a famine environment and we don't have that any more. We need readjusting to match today's world. That is a scientific problem and it is soluble. More money for research.

By the way, once the appetite drive has been controlled, let's solve one or two other human problems: too much aggression, too much sex, not working hard enough. Endocrinologists can adjust them all!

STEVE BLOOM

'AN EXCELLENT APPETITE CONTROL MECHANISM DOES EXIST. IT'S JUST SET FOR A FAMINE ENVIRONMENT'



Pituitary disease: the patients' perspective

What's it like to live with a pituitary condition, and what support would benefit patients? Recent studies commissioned by The Pituitary Foundation have increased our understanding and found some areas for action.

► **About 60 000 people in the UK have pituitary disease. Diagnosis is often slow, simply because GPs see so few cases. Even when diagnosed, many patients remain isolated and distressed, with a diminished quality of life. This situation is compounded by the probable need for life-long monitoring and dependence on pituitary replacement drugs, combined with the psychological and psychiatric problems that may be caused by hormonal changes.**

The Centre for Appearance Research at the University of the West of England (UWE) in Bristol has undertaken psychosocial research on the impact of various long term conditions. Recent studies in conjunction with The Pituitary Foundation have now examined the requirements of pituitary patients. A qualitative project was used to explore participants' subjective experiences. Four focus groups of 4-10 people involved 28 participants nationally; these were supported by eleven semi-structured one-to-one interviews. A second study objectively measured the psychological distress and quality of life of the participants. Questionnaires were sent to 200 people on The Pituitary Foundation's membership list, of whom 141 responded (70.5%).

The qualitative study highlighted the long and unfulfilled journey taken by patients as they experienced a profound sense of changed identity and an unsupported struggle through the medical minefield. The major themes they experienced were loss, changed self, visible and non-visible changes, identity, personality changes and relationship issues.

'Loss' covered a broad spectrum including appearance, self image, confidence and fertility, as well as social and employment opportunities. Some felt that the impact of changes in appearance was not always

acknowledged by others, especially (though not only) if they were meeting them for the first time and knew nothing of their condition. Facial and skeletal deformities and obesity often resulted in negative

reproach by employers or strangers, and were reflected by high levels of perceived discrimination. Personality was affected not only by the reduced self-esteem and confidence related to bodily alterations, but also by hormone-related mood changes. Individuals' new identities generally provided little satisfaction. One complained of '...feelings of being worthless because one is not working and only able to contribute reduced activity in the home/family environment'.

Medical treatment focuses on the journey to recovery. However, the return to normal functioning remains unsupported, since there is perceived to be an assumption within the medical community that, once hormone levels are normal, patients will experience no other problems, psychological or otherwise. During treatment, the

seemingly limited communication between healthcare professionals can add to patients' emotional unrest. A lack of psychological and social support limits the opportunity for adjustment to change. A period of adjustment is necessary to reduce the emotional impact of diagnosing a long term condition. However, there is currently no opportunity for pituitary patients to talk and receive the support they feel they need, save for a few exceptions like the services of The Pituitary Foundation.

The second, quantitative, questionnaire-based study aimed to measure psychological distress and quality of life objectively. The results showed that 61% of participants reported significant appearance-related concerns, 53% had clinical levels of anxiety (31% at levels where psychological support would be advisable) and 35% had clinical levels of depression (with 16% at levels requiring treatment).

The results indicate a rapidly shrinking life. As general levels of anxiety increase, levels of social anxiety and social avoidance also increase. With increasing anxiety comes increased self-evaluation. Levels of worry increase, as does awareness of the condition's perceived impact on lifestyle choices. There is an increased perception of its noticeability and severity. The quality of life questionnaire showed participants' dissatisfaction with their ability to work and the quality of their relationships.

Women were significantly more anxious than men. Those with acromegaly and hypopituitarism perceived the severity of their condition to be greater than those with Cushing's and prolactinoma. Participants who had been diagnosed for 5-10 years perceived their condition to be more noticeable than those diagnosed for over 10 years.

Anxiety levels were significantly higher in the 41-60 age group than in the 61+ group. The psychological impact of a pituitary tumour on quality of life seemed to be greater among the younger participants (21-40 and 41-60 age groups), while the 21-40 group appeared to have more appearance-related concerns than the older participants. The mean worry score decreased with age, suggesting that the younger participants worried more about their condition. Those who had surgery reported significantly lower physical quality of life than those who had not; their psychological quality of life scores were also significantly lower than those on drug treatment, and they reported a significantly higher impact on lifestyle.

The levels of anxiety, depression, social anxiety and avoidance and quality of life were not affected by the participants' specific condition, so any psychological support could be provided to all pituitary patients equally.

Many participants were unhappy about the quality and quantity of information available from healthcare professionals. Some felt they were not given informed choice regarding their treatment. Patients viewed their interaction with consultants/surgeons negatively,

continued on page 11

'AN UNSUPPORTED STRUGGLE THROUGH THE MEDICAL MINEFIELD'

Out of the archives...

► Here's another thing to do when you retire: read your old copies of *Journal of Endocrinology*! My run starts in 1961. One article particularly impressed me then, and still does today.

Professor Sir Charles Dodds, FRS, was professor of biochemistry at the Middlesex Hospital Medical School. His work on synthetic oestrogens brought him huge international recognition, with honours and honorary degrees from around the world. His most widely known product was stilboestrol (otherwise diethylstilboestrol, DES), the first orally active oestrogen, which dates from 1938. In the perspective of today's corporate universities it now seems strange that a compound apparently still used is never patented, but it was a different time - penicillin and monoclonal antibodies are just two other examples.

Now, despite its stunning oestrogenic activity (after all, it doesn't resemble a natural oestrogen all that closely), it was soon clear that this compound had problems, one being its carcinogenicity. However, it was widely used in women to stabilise pregnancy or to inhibit lactation. Furthermore, because it inhibits endocrine-related cancer at high doses, it was used in men as a treatment for prostate cancer (pioneered by the Nobel laureate, Charles Huggins, who published his results in 1940). We now know that the offspring of women treated with stilboestrol (or DES) have an increased incidence of reproductive tract cancer and infertility, among other problems.

Charles Dodds was well aware of the risks. It was certainly known from experimental evidence that prolonged treatment with either oestrogen or progesterone could increase the incidence of tumours of the genital tract and elsewhere, and indeed lead to other irreversible changes in the pituitary/gonad axis.

His article entitled 'Rime and reason in endocrinology' (*Journal of Endocrinology* 1961 23 i-xi) was in fact the publication of his Dale Medal lecture. While it was partly historical, it also carried a very serious message for the future. Based on his considerable experience, informed by

stilboestrol, he warned against the indefinite daily treatment of otherwise healthy young women with powerful synthetic steroids: the contraceptives. But he knew that, after the field trials by Gregory Pincus and others from 1956 onwards, the use of oral contraceptives would spread worldwide. (One might ask why these trials took place in Puerto Rico, and not the USA. The reasons were doubtless complex, but there were certainly misgivings, and perhaps regulatory problems.) Indeed, when Enoch Powell, then Minister of Health, announced in December 1961 that oral contraceptives would be available on prescription in the UK, the BBC report of the occasion also quoted another health warning from Sir Charles Dodds.

Read his careful and reasoned article today, and his summary of the known adverse effects of prolonged oestrogen and progestogen treatment, and you are bound to wonder how these agents ever became widely approved. Although he was careful to say that no adverse reports of the first contraceptive combination (Enovid; norethynodrel plus ethinyl oestradiol) had been published, his clear opinion was that the future was still unknown and possibly dangerous territory. But, combined with the successful clinical trials, the massive commercial and social pressures held sway.

Was he right? Despite some concerns, with changes in formulation there's no arguing with the fact that oral contraceptives have been an overwhelming success, widely accepted, and used without a second thought by millions and millions of women. They've been much, much safer, frankly, than anyone had any right to predict back in the 1960s. In fact, there simply isn't anything else like them.

And yet, as I write, on 30 January 2007, *The Independent* has devoted a two-page article to stilboestrol, and those still adversely affected by the use of this compound, almost 70 years since its introduction. It's just 40-odd years since the widespread advent of oral contraceptives. Is it still too early to say?

GAVIN P VINSON

Gavin Vinson pays his respects to a wise voice from the past.

Pituitary disease: the patients' perspective *continued from page 10*

especially when they perceived that professional concern was limited to management compliance. They want the psychological aspects to be better explained, with information on coping strategies. They appreciate hearing each other's stories but would like these to be accompanied by medical commentary. They would like The Pituitary Foundation to inform them better about developments in treatment, and to put more effort into educating the general population and non-specialist healthcare professionals, to change negative attitudes.

The findings of this research highlight the unmet psychosocial needs of pituitary patients. Patients would benefit from emotional support and one-to-one

counselling at specific stages throughout their journey. A review of group support should ensure that specific emotional needs are addressed across the lifespan, e.g. fertility and sexual relationship issues for young adults. A well-being programme incorporating life coaching, anxiety and depression management skills training would be beneficial. Finally, patients would feel better understood if the awareness of pituitary disease and its psychosocial impact was increased, both within the general population and across the medical community.

Based on The Pituitary Foundation's Needs Analysis Report by Marianne Morris and Sue Jackson. For more information contact kitashley@pituitary.org.uk

The Pheromones: smells like teen spirit

If you're looking for a birthday present for your favourite professor, maybe you should take a peek at Tom Parkhill's CD collection...

► **Hormones.** Everyone thinks they know what they are, everyone thinks they know what they are responsible for. Just this morning I've watched a 'testosterone-fuelled' supercar park at a nearby office, the driver revving his engine noisily in the car park to make sure that everyone knew a successful alpha male was in town (this is Bradley Stoke - get a life!). Surprisingly, it seemed to work. Men and women flooded out of the office to sniff around it. Now I like cars, but for some people cars like that are a sort of cultural pheromone, an endocrine disruptor.

Like the car owner, people sometimes use hormones as a metaphor for what they want to say about themselves. A little while ago I was rummaging through the second-hand section of a CD shop in Bath. As I tried to decide if I should get the Waylon Jennings or the Celine Dion, I found an album by a band called The Hormones. What were they trying to say about themselves by choosing that name? Maybe nothing, but it caught my attention. Anyway, I'm not going to speculate in an article like this - I value my job too much - but it got me wondering. A couple of months later I was talking to Joy Hinson, and, it being a Friday afternoon, we started comparing notes on other bands. Joy especially managed to come up with a comprehensive list, indicating either a seriously misspent youth or a better understanding of Google than I have.

Many hormone-related bands seem to be formed by the sort of kids who beat up Bart and Milhouse in *The Simpsons*, the sort who feature in *Daily Mail* editorials. Insulin is a Canadian indie band and, reading their biography, I don't think you'd want to meet them after dark.

Another group, Perfect Thyroid, has produced songs like 'Apathy', 'Stupidity' and 'Short attention span'; maybe they are the Bart and Milhouse of the hormone band world.

On the other hand, some bands have put some work into their endocrinology. The Adrenals have produced an album called 'Lumine fever'. There's an album from A Witness called 'I am John Pancreas'. Meanwhile, The Archers of Loaf have a track called 'Acromegaly'. You feel that these albums should come with CME.

Pheromones are a rich subject for hormone-related bands. The Pheromones (from Canada) have a biography on Myspace which describes them as having 'minimal talent with a whole lotta sex appeal'. There's also a more recent Edinburgh band called The Pheromones who, judging by their hopeless web site, seem to have minimal talent, no sex appeal, and a ripped-off name. Norway's Animal Alpha has an album called 'Pheromones' due to be released this spring. I can hardly wait.

Some are even more marginal. The only mention I could find of the wonderfully named Los Testosterones was that they once played an unknown venue in Seattle (the web is both amazing and useless at the same time).

Perhaps the only endocrine-related band ever to get anywhere was The Replacements. Main man Paul Westerberg is still touring solo at the age of 47, which I suppose is a sort of Replacements-replacement therapy. Of course, the dream show would be The Hormones opening for The Replacements, with Therapy topping the bill.

Strangely, most endocrine-related music seem to have come out of punk/indie roots, largely from the Pacific Northwest and Canada, so perhaps there's something about rain and colder climates which makes

people turn to endocrinology. Joy did find a string quartet by Czech composer Lubos Fiser called 'Testis' but, aside from that, little classical music makes direct reference to endocrinology. I say direct reference, but much 19th century romantic music might be thought of as endocrinology in a hummable form. And, of course, any responsible clinical endocrinologist sitting through the last act of 'Tristan und Isolde' should surely be heading backstage clutching their prescription pad.

We've put a more comprehensive list on the Society web site at www.endocrinology.org/. I'm wondering if we should develop a hormone compilation CD; just the thing for driving along in my supercar. I wish.

TOM PARKHILL



Society for Endocrinology **CU**
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First of a new series of clinical training events providing essential training for all trainees and new consultants and an excellent forum for networking opportunities with peers and established endocrinologists.

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07

Retirement

► **The tempo of human puberty varies enormously between children, some speeding through in 2 years and others limping over the line after as long as 4-5 years. Retirement is similar, with a large individual range for the time taken to adapt from a working to a non-working existence.**

Frequently, but not always, retirement is associated with the acquisition of geriatric status. This of itself brings reduced monetary rates for trains, buses, haircuts and the cinema. Personally I find this a mixed blessing; surely I can't possibly look old enough to justify the reduced rate!

Recently, I decided to stand my ground at the cinema ticket kiosk, silently willing, pleading with my eyes, that the cashier should express his disbelief at my request for a 'geriatric rate' ticket. All to no avail, there was no demand for written verification, no incredulity, no calling for the manager; I was just quietly moved on by the flow of people behind me.

In contrast, several years ago, Douglas adjusted very readily to retirement. He had been a senior physician in my city, and I knew him well, professionally and socially. He dealt with the onset of retirement by falling in love instantly: golf wrapped her clubs around him and swept him off his feet! How extraordinary, having never played the game before that he should take to it immediately. It was rumoured that his devoted wife, Evelyn, was still unaware that Douglas had actually retired. After all, he still left the house 5 days a week; he had simply substituted golf for work.

The domestic duties, like shopping and cooking, remained firmly within the province of Evelyn. So it was such a huge shock to find him standing in front of a shelf of raspberry panacottas at my local M&S. Now, I should tell you that I am a regular. I purchase all my needs there: food, drink, wristwatch, cutlery, clothes. In fact, the economic renaissance of M&S may be solely attributed to my purchasing volume. If I am spotted entering the store, the music switches to 'Hey, Big Spender' by Shirley Bassey.

I shop alone, but note that most shopping in the store is performed by couples. I understand why this may sometimes be necessary. Perhaps one person is not well enough to walk unaided or to carry heavy bags, or alternatively only one can drive a car. Somewhat incredulously, however, I am forced to concede that a significant minority - or perhaps majority - undertake shopping as a couple as a social event!

It is a very depressing spectacle for me, as I can't wait to get the shopping done and be out of the store. It's particularly irksome near the chicken fillet shelves, where both partners typically indulge in the ritualistic palpation of packets of chicken thighs interspersed with orgasmic noises of approval. The need to palpate items like fruit is perfectly understandable, but why chicken thighs, and why make those awful grunting noises?

The ensuing development of a queue around the

chicken fillet shelf is a potential disaster. Those queuing are forced out into the 'corridor of danger', that area which is equidistant between the parallel rows of shelving, where one is open to an attack from the rear by a trolley pushed by a human being bearing ovaries.

You remember the movie 'Love Story', famous for the cryptic line 'Love means never having to say you're sorry'? Well, as far as I can see, all individuals who use trolleys in M&S must be deeply in love, as they appear to be absolved automatically from ever uttering the word 'sorry'. The injury to the Achilles tendon area usually takes about 10 days to heal - only marginally shorter than the time taken to secure unpalpated poultry!

Now let me return to Douglas and the raspberry panacottas; what on earth was he doing shopping? My

list of differential diagnoses was short and unpleasant. Either he had developed Alzheimer's disease or some accident had befallen Evelyn. I approached him slowly and decided to explore the first diagnostic possibility with as much delicacy as I could muster.

'Hello Douglas, you know you won't be able to buy any golf balls here!'

He answered sensibly, coherently and in a completely lucid fashion - so Alzheimer's disease fell by the wayside. Sure enough, he then told me that poor Evelyn had fallen in the garden and broken her leg. I managed to strangle 'oh good!' as it was half thrust from my mouth. After all a broken leg will mend, while Alzheimer's disease won't - but hardly good news either way!

It also dawned on me what a hopeless, daunting task lay ahead for Douglas. I had eaten out with him many times. It took him about an hour to choose from a restaurant menu of three dishes! Shopping in M&S would be impossible for him left to his own devices. I would advise him from my own vast repertoire of advice in food selection.

'For dinner tonight I can strongly recommend the trout; it is very tasty and good value for the price.'

He listened quietly and then glided away into the crowd. As he went, I recalled how he had always used my opinion in non-medical matters as a guide. In other words, whenever I made a suggestion, he promptly did the opposite! In fact, this was one of his traits that I liked most, as I didn't place great store on my own opinion either.

Anyway I lost track of him until I reached the checkout. He had just paid his bill, but what caught my eye was his pronounced limp! With grim satisfaction for what I was about to behold, my gaze slowly descended down the backs of his lightly coloured trouser legs, where sure enough there were fresh bloodstains at around ankle height. And if I am not mistaken, I think I heard a faint crow of triumph from the ghost of a packet of chicken fillets, pretending to lie dormant and innocent in his trolley.

Hotspur's chicken fillets have been palpated once too often.

'THE ECONOMIC RENAISSANCE OF M&S MAY BE SOLELY ATTRIBUTED TO MY PURCHASING VOLUME'

Serum IGF-I and ovarian cancer risk

Ovarian cancer is the most frequently fatal of gynaecological tumours, and remains difficult to diagnose and to treat. It is well-documented that IGF-I signalling has effects on other cancer types, due to its mitogenic and anti-apoptotic properties. It can also affect various features of normal ovarian function. Peeters and colleagues have further investigated the specific association of IGF-I and its major binding protein IGFBP-3 with ovarian cancer risk.

The nested study used data from the European Prospective Investigation into Cancer and Nutrition (EPIC) of 1992-1998. Blood samples from 214 women who went on to develop ovarian cancer and 388 control subjects were analysed. The results were adjusted for factors such as BMI and fertility.

The authors conclude that, for all women, there is no overall link between ovarian cancer risk and serum IGF-I levels. However, for women diagnosed at the age of 55 or younger, either pre- or perimenopausal, there is a statistically significant link. They speculate that the IGF-I receptor and its binding proteins may be a target for future ovarian cancer treatments. **JG** (See the full article in *Endocrine-Related Cancer* **14**(1), March 2007)

Follicle development in androgenised ewes

Polycystic ovary syndrome (PCOS) is a common cause of anovulation in women of reproductive age. It is associated with hypersecretion of androgens and luteinising hormone, and with multiple antral follicles in the ovaries. These characteristics have also been observed in androgenised ewes.

Forsdike and co-workers now report the results of a study of effects of fetal exposure to androgens on the development of ovarian follicles in the ewe. They found that there was no effect of treatment on follicle density, but that there were a lower percentage of primordial follicles and a higher percentage of primary follicles in androgenised offspring than in controls. The authors conclude

HOT TOPICS

The latest research from the Society's journals brought to you by Jolene Guy, Andrew Lowe and Jayanthi Mondy.

that the pattern of development is similar to that observed in human polycystic ovaries, and that the prenatally androgenised ewe represents a good model for the study of this condition.

The paper contains interesting findings that contribute to our understanding of fundamental developmental processes and how they can be perturbed. The results also contribute to the development of a non-rodent animal model that may make possible a wider range of experimental approaches to the study of these processes and PCOS. **JM** (See the full article in *Journal of Endocrinology* **192**(2), February 2007)

Akt activation by T₃ in pancreatic β cells

The thyroid hormone T₃ is known for its ability to regulate gene expression by binding with thyroid hormone receptors (TRs) on specific promoter regions of target genes. The TRs act as ligand-dependent transcription factors, and their involvement in the genomic action of T₃ is well known.

In this study, Verga Falzacappa and colleagues describe the molecular mechanisms underlying the activation of the phosphatidylinositol-3-kinase (PI3K)/Akt signalling pathway by T₃. The authors show that this activation occurs through a non-genomic action of the TR isoform TR β 1. Using co-immunoprecipitation and co-localisation experiments, they demonstrate a physical interaction between TR β 1 and the regulatory

subunit p85 α -PI3K in the cytoplasmic compartment of pancreatic islet β cells in the absence of ligand. Upon T₃ administration, they demonstrate the activation and nuclear translocation of Akt and, through TR β 1 RNA interference experiments, show the key role of this TR isoform in the T₃ activation of Akt.

The results further confirm the non-genomic actions of the different members of the steroid hormone receptor superfamily on PI3K activation. **JM** (See the full article in *Journal of Molecular Endocrinology* **38**(1,2), February 2007)

Sex steroid metabolism in obesity

Androgens and oestrogens play important roles in determining body fat mass and distribution. Men are classically predisposed to central or android body fat distribution, while women have peripheral or gynoid fat. However, in both sexes, central obesity is associated with adverse metabolic states and high cardiovascular risk. Previous studies have demonstrated an association between body mass index and circulating oestrogen levels. Less research has explored dysregulation of sex steroid activity and signalling in adipose tissue.

In this cross-sectional study, Wake and colleagues examined receptor density and local steroid-metabolising enzyme profiles in subcutaneous adipose biopsies. The aim was to investigate their associations with body fat distribution. Generalised or peripheral obesity was associated with increased mRNA transcript levels for the oestrogen-generating enzyme aromatase. In contrast, central body fat distribution was not associated with aromatase, but with increased mRNA transcript levels for two aldo-ketoreductase isoforms, AKR1C2 and AKR1C3.

The authors conclude that increased aromatase in subcutaneous adipose tissue may generate more local oestrogen and drive a gynoid fat distribution, while alterations in AKR enzymes may drive android fat distribution. **AL** (See the full article in *Clinical Endocrinology* **66**(3), March 2007)

Embryo Transfer Training Course

York, UK, 15 April 2007.

Contact: Lizzy Jones, British Fertility Society, Euro House, 22 Apex Court, Woodlands, Bradley Stoke, Bristol BS32 4JT, UK (Tel: +44-1454-642217; Fax: +44-1454-642222; Email: bfs@bioscientifica.com; Web: www.fertility.org.uk/meetings/forthcoming.html).

Joint Fertility Societies Meeting

York, UK, 15-18 April 2007.

Contact: Lizzy Jones, British Fertility Society, Euro House, 22 Apex Court, Woodlands, Bradley Stoke, Bristol BS32 4JT, UK (Tel: +44-1454-642217; Fax: +44-1454-642222; Email: bfs@bioscientifica.com; Web: www.fertility.org.uk/meetings/forthcoming.html).

European Symposium on Late Complications after Childhood Cancer

Lund, Sweden, 19-20 April 2007.

Contact: Christian Moëll, ESLCCC 2007, Children's University Hospital, S-221 85 Lund, Sweden (Web: www.eslccc2007.com).

ECO 2007: 15th European Congress on Obesity

Budapest, Hungary, 22-25 April 2007.

Contact: Euan Woodward, European Association for the Study of Obesity, 231 North Gower Street, London NW1 2NR, UK (Tel: +44-20-76911903; Fax: +44-20-73876033; Email: eco2007@easoobesity.org; Web: www.eco2007.org).

2nd International Congress on 'Prediabetes' and the Metabolic Syndrome

Barcelona, Spain, 25-28 April 2007.

Contact: Ethan Greenberg (Tel: +972-3-97277993; Email: egreenberg@kenes.com; Web: www.kenes.com/prediabetes2007).

18th Annual Congress of the ESPU

Brugge, Belgium, 25-28 April 2007.

Contact: Catherine Pluys, ESPU Congress Organiser, Urologie/Kinderurologie, UZ Gasthuisberg, Herestraat 49, 3010 Leuven, Belgium (Tel: +32-16-346698; Fax: +32-16-346931; Email: secretary@espu.org; Web: www.espu.org).

2nd Conference on Skeletal Biology and Medicine

New York, USA, 25-28 April 2007.

Contact: Nina Sen, New York Academy of Sciences, 7 WTC, 250 Greenwich Street, 40th Floor, New York, NY 10007-2157, USA (Tel: +1-212-2988621; Fax: +1-212-2983631; Email: nsen@nyas.org; Web: www.nyas.org/skeconf).

9th European Congress of Endocrinology

Budapest, Hungary, 28 April-2 May 2007.

Contact: Blaguss Ltd Congress Bureau, PO Box 706, 1365 Budapest, Hungary (Tel: +36-1-3747030; Fax: +36-1-3121582; Email: benyhe@blaguss-congress.hu).

American Physiological Society: Experimental Biology 2007

Washington DC, USA, 28 April-2 May 2007.

Contact: American Physiological Society (Web: www.eb2007.org).

IFFS 2007: 19th World Congress on Fertility and Sterility

Durban, South Africa, 30 April-5 May 2007.

Contact: Paul Dalmeyer, IFFS2007 President (Email: pdal@iafrica.com; Web: www.iffs-reproduction.org).

4th Croatian Congress of Endocrinology

Rovinj-Red Island, Croatia, 2-6 May 2007.

Contact: Congress Secretariat, Vuk Vrhovec University Clinic, Dugi dol 4a, 10 000 Zagreb, Croatia (Tel: +385-1-2353800; Fax: +385-1-2331515; Email: endo-kongres@idb.hr; Web: www.idb.hr).

10th International Symposium on Insulin Receptors and Insulin Action

Stockholm, Sweden, 2-6 May 2007.

Contact: Juleen Zierath, Boknings Bolaget (Tel: +46-8-50628500; Fax: +46-8-6631745; Email: congress@bokningsbolaget.se; Web: www.bokningsbolaget.se/congress/ki/iro7/).

ECTS Training Course: Bone Quality - from Bench to Bedside

Copenhagen, Denmark, 5 May 2007.

Contact: Amanda Sherwood, PO Box 337, Patchway, Bristol BS32 4ZR, UK (Tel: +44-1454-610255; Fax: +44-1454-610255; Email: admin@ectsoc.org; Web: www.ectsoc.org).

34th European Symposium on Calcified Tissues

Copenhagen, Denmark, 5-9 May 2007.

Contact: Amanda Sherwood, PO Box 337, Patchway, Bristol BS32 4ZR, UK (Tel: +44-1454-610255; Fax: +44-1454-610255; Email: admin@ectsoc.org; Web: www.ectsoc.org).

Diabetes and Endocrinology:

Genes, Environment and Emerging Therapies

Edinburgh, UK, 17 May 2007.

Contact: Christine Berwick, Royal College of Physicians, 9 Queen Street, Edinburgh EH2 1JQ, UK (Tel: +44-131-2473634; Fax: +44-131-2204393; Email: c.berwick@rcpe.ac.uk; Web: www.rcpe.ac.uk/education/events/diabetes-endocrinol-may-07.php).

Imaging in Endocrinology

London, UK, 24 May 2007.

Contact: Emma Goddard, Royal College of Radiologists, 38 Portland Place, London W1B 1JQ, UK (Tel: +44-20-76364432; Fax: +44-20-73233100; Email: emma_goddard@rcr.ac.uk; Web: www.rcr.ac.uk/membersarea/multievents/displayEvent.asp?Type=Full&Code=ENDO07)

ENDO 2007

Toronto, Canada, 2-5 June 2007.

Contact: Endocrine Society, 8401 Connecticut Ave, Ste 900, Chevy Chase, MD 20815-5817, USA (Web: www.endo-society.org/endo).

10th International Pituitary Congress

Chicago, IL, USA, 5-7 June 2007.

Contact: Kate Openshaw, BioScientifica Ltd, Euro House, 22 Apex Court, Woodlands, Bradley Stoke, Bristol BS32 4JT, UK (Tel: +44-1454-642214; Fax: +44-1454-642222; Email: kate.openshaw@endocrinology.org).

2nd International Congress on Neuropathic Pain

Berlin, Germany, 7-10 June 2007.

Contact: Secretariat (Tel: +41-22-9080488; Fax: +41-22-7322850; Email: neuropathic@kenes.com; Web: www.kenes.com/neuropathic).

5th European Congress in Newborn Screening

Reykjavik, Iceland, 10-12 June 2007.

Contact: Leifur Franzson, Department of Genetics and Molecular Medicine, Landspítali, University Hospital, Hringbraut 101, Reykjavik, Iceland (Tel: +354-5431000; Email: leifurfr@landspitali.is; Web: www.hi.is/nam/laek/enbs).

43rd Drug Information Association Annual Meeting

Atlanta, GA, USA, 17-21 June 2007.

Contact: Marketing Manager, 800 Enterprise Road, Suite 200, Horsham, PA 19044, USA (Tel: +1-215-4426100; Fax: +1-215-4426199; Email: dia@diahome.org; Web: www.diahome.org/product/11362/07001.pdf).



Research Award 2007

Two 1-year awards of up to £10 000 each are available to enable medical researchers to supplement existing projects or to pump-prime existing research ideas. The BTF aims to fund one basic science and one clinical project or two clinical projects each year. Funds will be awarded for consumables, running costs and necessary items of equipment. The successful project must be specifically directed to the study of thyroid disorders or an investigation into the basic understanding of thyroid function.

The BTF is also offering a further award of £2000 to supplement existing research into medullary thyroid cancer, preferably for a study to improve the chances of early detection of the disease.

A panel appointed by the BTF's Trustees in conjunction with the British Thyroid Association and the BTF will referee all applications. These will be graded according to the merit of the project, and the awards will be given to those that achieve the highest scores.

Further information and application forms are available from BTF Research Award, PO Box 97, Clifford, Wetherby LS23 6XD, UK. Application forms can also be found at www.btf-thyroid.org.

THE CLOSING DATE FOR THEIR RECEIPT IS 31 AUGUST 2007

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